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APPLICANTS

Thomas M. Laney, Spencerport, NY;

David J. Steklenski, Rochester, NY;

** CONTINUING DATA ***** None, le

** FOREIGN APPLICATIONS ***** None, le

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <u>Hoa Van Le</u> Initials				

ADDRESS

Paul A. Leipold
 Patent Legal Staff
 Eastman Kodak Company
 343 State Street
 Rochester, NY
 14650-2201

TITLE

Phosphor screen and imaging assembly

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)